

technique may be reduced to a minimum, which is well within the bounds of legitimate operative risk. Extensive adhesions may prevent the induction of pneumothorax, but should rarely negative an attempt. But it must be remembered that a pneumothorax, once induced, must be kept up for probably two years and perhaps for as long as the patient lives. This is a small price to pay for restoring a previously incapacitated invalid to a working life, but is a serious objection in the case of a sufferer in an early stage, who might have recovered without operative interference. A second objection is the occurrence of pleurisy, according to Dr. Rivière, in nearly 50% of cases at some stage. These pleurisies are certainly, as a rule, of mild type. Sometimes they actually improve the patient's health, probably by the absorption of antibodies contained in the exudation. Usually they are absorbed spontaneously. Even if purulent, an occasional aspiration is, as a rule, sufficient. They should never be opened except under compulsion, which is extremely rare. But they may remove the possibility of subsequent re-expansion of the lung and so prevent an ultimate cure. We may provisionally sum up the matter by saying: (1) pneumothorax should not be induced in an early case; (2) it is suitable for unilateral cases past the early stage and doing badly, provided that the other lung shows no sign of disease, or but little. Such cases form something between 5% and 10% of the patients that come for hospital treatment. But if all patients were watched carefully from the beginning probably a considerably larger proportion would be found to pass through a stage favourable for the treatment. (3) As a palliative in many otherwise hopeless cases the results have often been brilliant. (4) An eventual complete arrest of the disease, with a re-expanded lung, is sometimes obtained.

The third matter to which I devoted some attention, may appear somewhat incongruous after the preceding discussion, but one's practice is sometimes regulated not so much by one's personal tastes as by the necessities of the patients for whom one becomes responsible. For some years I have felt that there was one class of patients in our Children's Hospital who did not receive so much benefit from hospital treatment as most of the patients do. I refer to cases of chronic deformity and crippling, either congenital or due to disease, such cases as talipes, congenital dislocations, old cases of infantile and spastic paralysis, tubercular disease of the spine, hip and other joints and similar chronic affections. The causes of this are, I think, apparent. Firstly, there have been recently great advances in their treatment, owing to the work in orthopædic hospitals of surgeons who have specialized in orthopædic treatment. These advances are difficult to assimilate from books and cannot be assimilated without special experience and special application. Secondly, hospital surgeons, both visiting and resident, must of necessity devote their first attention to acute and urgent cases, leaving these "chronics" only the remnants of their time and energy. Thirdly, patients not acutely ill but requiring close personal supervision for one or two years are apt to be moved from one ward to another or transferred to the out-patient department to make room for more pressing necessities and so may come at various times under

the non-continuous charge of various honoraries and residents, or frequently drop out of sight altogether, when their parents no longer bring them up for treatment. Perhaps I may add, fourthly, that these cases are not attractive to many of us; they furnish very seldom any opportunity for brilliant operative success. Operation, when needed, is merely an incident in a long and tedious course of treatment, which, unless persevered with to the very end, often leads to partial or complete failure.

I was not able to see nearly so much orthopædic work as I should have liked. What I saw was sufficient to show me that there was much to be learnt, not sufficient to enable me to learn it. But in one department I was able to learn much. I was fortunate in spending a week at a post-graduate course at the Lord Mayor Treloar's Cripples' Hospital at Alton. This hospital is devoted to children suffering from surgical tuberculosis. There are 300 beds, the majority occupied by small patients with tuberculosis of the spine and hip, and it is under the charge of Dr. Gauvain, the leading English authority on this branch of surgery.

Dr. Gauvain is a master in conservative surgery. Operative interference in tubercular joints not complicated by sepsis has shrunk almost to nil and the ultimate results are beyond all comparison better. A tuberculous abscess is never opened and should never be opened, but is treated by early and repeated aspiration. If the pus is too caseous to be so removed, it is liquefied by a modifying injection and aspirated on a future occasion. Rectification of faulty positions, immobilization and extension are carried out with the greatest care and by many ingenious methods. With the exception of tuberculin, which has been abandoned after a thorough trial, all forms of adjuvant treatment offering prospects of benefit are practised assiduously. Among them are heliotherapy and the use of X-rays, the latter for both diagnosis and treatment. The patients are detained for treatment as long as may be necessary, often for two or three years. I was much impressed by what I saw and heard at Alton and I am conscious that such a brief summary as this cannot give any real mental picture of it. Perhaps I may be able to give a more detailed account on some future occasion.

THE CASE FOR INOCULATION.

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The vaccine prepared by the Commonwealth Serum Laboratories has in my hands achieved results which are nothing short of miraculous. As a result of my experience I urge compulsory inoculation on the first sign of the appearance of epidemic influenza in any community as the one efficient means of tackling the scourge; inoculation to be repeated every month or six weeks. I claim that this measure will: (1) decrease enormously the incidence of the disease; (2) mitigate its severity; (3) reduce the mortality to a low figure.

The following evidence in support of my recommendation is, to say the least of it, impressive.